

FOLLOW-UP CONTACT & PLAN

Resident Name: _____ Date: _____

Contact _____

Type of Contact:

Phone _____ Home Visit _____ Other _____

Summary:

Plan/Further Goals:

Staff Signature: _____ Date: _____



Formatted By: FAMILY SHELTER MODEL RECORD TEAM

*Sponsored by the Department of Public Health, Bureau of Substance Abuse Services
Facilitated by The Quality Improvement*

Collaborative